

MINGLEDORFF'S MATCHING GIFT FORM

An employee wishing to participate in the Matching Gifts Program should complete Part A of this form and forward along with your donation to the institution receiving the contribution. MingleDorff's will match employee contributions of \$50 or more to a maximum of \$1,000 per employee per calendar year. The donation must be a monetary gift, which does not directly or indirectly result in or otherwise provide any benefit, value or award to the employee or his/her family member. Please see MingleDorff's Workplace Giving Program for more details. Please print or type. Incomplete forms cannot be processed.

Part A: Employee

| | | | | | |
|--|-------|-----|---|-------|-----|
| Your First and Last Name | | | Name of receiving institution contribution | | |
| Home mailing address (House/Apt#, Street) | | | Designated department if any | | |
| City | State | Zip | Mailing address of institution (Bld Address and Street) | | |
| Enclosed is Proof of personal gift of \$ _____ | | | City | State | Zip |
| Type of Institution: | | | I here by request the above institution or organization to report this gift to MingleDorff's for a matching contribution. | | |
| Date of gift _____ | | | Signature of Donor | | |

Part B: Institution

To be completed by an official of the receiving institution. Please print or type. Incomplete forms cannot be processed. Matching Gift Forms must be received by the Company within two (2) months of the date the employee made the gift in order to be considered for matching.

An institution receiving this form with a donor's gift must complete this Part B and return it, with Part A still attached, to the address noted at the bottom.

| | | | | | |
|--|-------|-----|---|--|--|
| Name of institution/organization as listed in IRS publication #78. | | | Name (please print) | | |
| Mailing address | | | Title | | |
| City | State | Zip | Signature | | |
| I hereby confirm that the above gift of \$ _____ | | | Please attach a copy of your current U.S. Internal Revenue Code Section 501(c)(3) exemption form, and a brochure or charter stating the purpose of the organization and mail or email along with completed Matching Gift Form within two (2) months of the date the employee made the gift to: | | |
| Was received on or about (date) _____ | | | MingleDorff's, Inc. | | |
| and certify that this institution/organization is a nonprofit organization having tax-exempt classification under Section 501 (c) (3) of the U.S. Internal Revenue Code. | | | Human Resources Department | | |
| | | | 6675 Jones Mill Ct. | | |
| | | | Norcross, GA 30092 | | |
| | | | OR | | |
| | | | Email:hr-request@mingleDorffs.com | | |